ITSTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL CAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaased lived, If institution: Residence before admission) ctor. Page our files. a. COUNTY Page a. STATE b. COUNTY necessary, MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural 2 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) und be executed within 24 hours after death. If any detay in pencil in Item 18. Give pages 1, 2, and 3 to the funeral of office along with form PM3. Page 5 may be retained fourial-transit permit. File pages 1 and 2 with the State Board and in any event-within 72 hours after death. d. STREET ADDRESS 3. NAME OF Middle 4. DATE Month DECEASED OF (Typa or print) DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH GE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work done during most of working tite, aven if retired) 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Julian Mackle Ignatius Thompson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive werordalasofservice) Susen Williams (Daughter) - Pisgah , Md. This certificate should be executed rs. Office along w burial-transit po 18. CAUSE OF DEATH [Enter only one cause pass PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) removal DUE TO ROSIS Conditions, if eny, which (b) "pending" gave rise to immadieta cause certificate, writing the word "pending" rded to the Chief Medical Examiner's ECTOR: Page 3 should be used as a gent, prior to burial, cremation, or ren DUE TO (a), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Pert I or Part II of item 18.) EXAMINER: PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. WEDICAL should be forwarded to the Chi.

FUNERAL DIRECTOR: Page 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm. 20f. (Clty or town) While Not While factory, street, offica bldg., atc. Hour a.m. at work et work D. m 21. I certify that I took charge of the remains described above, held an Autopsy Inspection DICAL death resulted from: Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Platadress Street Viland or county NAME (Type) II.S 22a, BURIAL, CREMATION. 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) 240 g St. Mary's Church Cemetery Buria Bryantown, EMPERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME arihun S. France 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM? YES NO L

Dey

Days

(County)

Hours

OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Slele)

and in my opinion

DATE SIGNED

(State)

devilo Acres 1 22 1 20 Conformation Occursion and AKT. SOLEROSPS Lode Edition all the states of the state of

VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01807

CERTIFICATE OF DEATH

Reg. Dist. NO1791

1	1. PLACE OF DEATH harles o. COUNTY MA	ARYLAND	2. USUAL RESIDENCE o. STATE	Salles A. C.	b. COUNTY		efore admis	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest fown)	TAY IN 16		(If outside corpor	Charles ote limits, write R		nearest town	n)
	Tedian Head Md 7-Mths		X Indian	Head Md				
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRE	SS				FARM?
	DECEASED	idle	Lost	4. DATE OF DEATH	Mon 2-20-62			Year
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MA		8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1 YI	AR IF UND	
	11. 05	RCED	2-26-1687		74 yrs.			
	10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agrichlture 13. FATHER'S NAME		Rockvi.	lle Md	untry)	12. CITIZEI	OF WHAT	COUNTRY?
	Louis A. Elundon		14. MOTHER 5 MAIL		INE GER	PTPUDE	RAS	16
)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY IYES, no. or unknown) (If yes, give wor or dates of service) 217-365		ry E. Tombe		Addi	4-Vire		
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if any, which gove rise to immediate cause (a), stating the under- lying couse last. CAUSE OF DEATH (b) Generalised DUE TO (c) Senility	cclusi		s			NTERVAL BI DNSET AND Immedi Indefi	DEATH ate
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIV	EN IN PART I	PERFC	AUTOPSY ORMED?
		Y OCCURRE	D. (Enter noture of inju	ry in Port I or Port	Il of item 18.)			
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work 19 of work 1		ACE OF INJURY (Home ctory, street, office bldg		or town)	(Cour	nty)	(Stote)
	21. I certify that I attended the deceased from leadive an 2-20-27 19 and the signature		occurred at 113	30 MI fram	the causes or reet, city or town,	and on the state)	date stat	
	PHYSICIAN'S James E. Andrews							
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CO. STATE C	GNAT	•		PEL PO	int, A	DARY.	LAND
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE HUNTT FUNERAL HOME, WALDORS	F, MAI		REC'D BY REGIST FEB 2 6		STRAR'S SIGNA	TURE	

HYARO RO BY		Lington and
		A Land A Company
	ACT HE SELECTION OF THE PARTY OF	
1'	Bergerale Charles Chipman Charles I form size Charles	
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		e A. her firm
	AN ANALYSIS OF THE PARTY OF	
	A17800A	

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

01792

	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMO
1808	CERTIFICATE OF DEATH

1. PLACE OF DEATH O. COUNTY CHARLES	MARYLAND	2. USUAL RESIDENCE (When	e deceased lived. If institution b. COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF out	side corporote limits, write RL PBgah	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street of PPHASTRUTION AHS MEMUR		d. STREET ADDRESS	/	e. IS RESIDENCE ON, A FARM? YES NO I
3. NAME OF DECEASED (Type or print) BRENDA	E Middle	Bowie	OF DEATH Feb	23 1962
5. SEX 6. COLOR OR RACE 7. MARRII WIDOWEL		23 Feb 62	9. AGE (In years last birthday) yrs.	Months Days Hours 38
10a. USUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote or MARYLA)		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Bo	wie	14. MOTHER'S MAIDEN NA	Tola Will	ett.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	OCIAL SECURITY NO. 17.	INFORMANT Nattie Iola U	villett Bowie	es, Pisgah. Ud.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 773. O Conditions, if any, which gove rise to immediate couse (a), stating the under- lying couse lost.	e for (o), (b), and (c).] spis atm Menan	Collapse		INTERVAL BETWEEN ONSET AND DEATH 2000-
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMIN	al disease condition giv	EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCUR	ED. (Enter nature of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Year 20d. IN While p. m. 19 of work		PLACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that (I) (this haspital) attended saw the deceased alive an 23 Follows SIGNATURE 22c. PHYSICIAN'S NAME/ITYPE HUR O. CUOC	od the deceased fram 1942, and that MD DDY, MD	M.D. ATTENDING MED DIRE	Miram the causes and STAFF CTOR PHYS. D CLINIC, L	d an the date stated abave. 23 Fel (2), A PLATA, MD
230 BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify 2/2/4/6/2) 24. PUDERAL DIRECTOR'S SIGNATURE	23c. NAME OF CEMETERY Thinks	Men Forder		of Und
2066285084	& aprile	LUC DATE MA	N 102	ribal S. Thomas

	DAY IN COMMISSION OF	TE CHARLY DUMENT - TO	
serio			20812
	of all on the fact that		
	The Park I was not a		

Item 10 61 ams Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decased lived, If institution: Residence before admission) . COUNTY Page files. Health, MARY LAND b. COUNTY CHARLES CHARLES MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give nearast town) FENWICK the funeral direction d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddrass) d. STREET ADDRESS e. IS RESIDENCE Boa delay ON A FARM? YES NO X ate 3. NAME OF First Middle 4. DATE Last Month Day Š DECEASED OF the (Type or print) DEATH JAMES 19 WALTER BROOKS 2 with S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months and Hours Male Coloredi DIVORCED 69 s 1, 2, a age 5 1 and 7 72 ho 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during thost of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME Give with form P. permit. File p "in pencil in Item 18. (
Office along with form
burial-fransit permit. Fi
moval, and in any eve ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address ((fyesgivawar or datas of servica) Bryans Ro World wan7 CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY Coronary sclerosis, moderate IMMEDIATE CAUSE (a removal DUE TO Conditions, if eny, which (b) gava rise to immediate cause "pending" 0 0 DUE TO (e), stating the undarlying 98 0 cause last nsed , writing the word "pen le Chief Medical Examir Page 3 should be used r to burial, cremation, o PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? Epilepsy NO To 20s. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Entar neture of Injury in Part I or Part II of itam 18.) PRIMARY | or CONTRIBUTING | EXAMINER: CAUSE OF DEATH. CAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) Month, Day, Yaar 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Hour e.m. While Not While at work forwarded to the prior at work 21. I certify that I took charge of the remains described above, held an Autopsy | XI. Inspection Inquiry and in my opinion death resulted from/ Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL should be for FUNERAL I DATE SIGNED SIGNATURE O DEPUTY EXAMINER'S NAME (Type) RIECKERT 2-5-62 Addrass (Streat, city, town, or county) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or country) REMOVAL (Spacify) macrocnia Baptish 240 g Durial 3619-14"86 Si FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME wash RC 5M 9/60 allhur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 m. be retained by the hospital or attending physician. S TO FUNERAL I COLOR: After this certificate has been signed by the attending physician and completely filled poby the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page 5 To Spould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after features.

MARYLAND STATE DEPARTMENT OF HEALTH

01810 CERTIFICATE OF DEATH 01'794

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased livad, If institution: Residence before admission)
	CHARLES MARYLAND	O. STATE MARYLAND b. COUNTY CHARLES
	b. CITY OR TOWN (if outside corporeta limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town)
	write RURAL and give neerest town)	V 1.1
-	MATA DAY	1 WALDORF
	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	PHYSICIANS MEMORIAL HOSPITAL	YES NO 🔀
3.	NAME OF First Middle	Lest 4. DATE Month Dey Yeer
-	(Type or print) (CHARD MELVIN)	EMENT DEATH V 7 1962
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey Months Deys Hours Min.
1	MALE WHITE WIDOWED DIVORCED []	Vovember 1, 1889 72 yrs. Months Deys Hours Min.
10a	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	
do	RETIRED STATE ROAD	DISTRICT OF COLUMBIA U.S.A.
13.	FATHER'S NAME	DISTRICT OF COLUMBIA V.J.A.
)	11:11. T.	n 1/
/	WILLIAM DEMENT	HNNIE NOTHEY
15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 s, ng, or unkown) (Ifyesgivewerordatesofservice)	INFORMANT Address
		23. KICHARD DEMENT, WALDORF, MD.
	18. CAUSE OF DEATH [Enter only ona ceuse per line for (a), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	e Occlesión onset and DEATH
	IMMEDIATE CAUSE (a)	1
	DUE TO	+ Aclaras 54h
	gove rise to immediate cause (b)	a comme s for
	(e), steting the underlying DUE TO	7 1
1 ×	couse lost. (c) Augustia	1 huron
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	
Ĭ		PERFORMED? YES NO NO
FEC	2De. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED	(Enter neture of injury in Pert I or Pert II of item 18.)
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 2Df. (City or town) (County) (Stete)
VED VED	Hour a.m. While Not While p.m. 19 et work at work	ory, streat, office bldg., etc.)
	27.00.	1556 10 127 10611 101 11
	21. I certify that (I) (this hospital) attended the deceased from	
	saw the deceased alive on 19.0 and that	death occured atM, from the causes and on the date stated above.
	22a. SIGNATURE	ATTENDING MED. STAFF. 22b. DATE SIGNED
	Ale delen M	.D. PHYS. PHYS. PHYS
	22c. PHYSICIAN'S	22d. ADDRESS
	NAME (Type) / E . FUELEN MI) X all late he
238	BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county) (Stete)
200	REMOVAL (Specify)	11/2 100.0
-		es WALDORF, MARYLAND
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1//	Re HUNTT FUNEYAL HOME, WALDORF, N	1D. DATEFER 13'62 wound & Thomas



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATLE

ICAL	COLMING	UI WIAD	KECOK	D3 -	- DALIE
CER	TIFIC	CATE	OF	DE	ATH

01795

1. PLACE OF DEATH o. COUNTY Charles	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	ed lived. If institution b. COUNTY	n: Residence before admission) Charles		
b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Rioley (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Ripley (Rural) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum NO \(\sum \)				
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)					
3. NAME OF First DECEASED (Type or print) Frances	Middle	GOLD 4. DATE OF DEATH	FEB Mant	h Day Year /0 1% 2		
S. SEX 6. COLOR OR RACE 7. MARE WIDOW	ED XX DIVORCED	B. DATE OF BIRTH August 2,1830	9. AGE (In yeors lost birthdoy) 81 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min.		
10a. USUAL OCCUPATION (Give kind af wark done during most of working life, even if retired) House Vife	At Home	STRY 11. BIRTHPLACE (State or foreign North Carolina		U.S.A.		
13. FATHER'S NAME Franklin Blanton		14. MOTHER'S MAIDEN NAME Sarah Chitwo	od			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or unknown) (If yes, give war or dates of service)		s. G. L. Warlick (Addre Daughter)	-Ripley, Md.		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gove rise la immediate cause (a), stating the under-lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS (c) PART III. OTHER SIGNIFICANT CONDITIONS (I) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		F NOT RELATED TO THE TERMINAL DISEA	se condition givi	ONSET AND DEATH S DAYS 3 YEAK EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO.		
2	NJURY OCCURRED Not while rk of wark	ctary, street, affice bldg., etc.)	ty or tawn)	(Caunty) (State)		
saw the deceased alive an 2-9 1962, and that death accurred at 3 P.M., from the causes and on the date stated abave. 22a. SIGNATURE M.D. ATTENDING MED. STAFF PHYS. DIRECTOR STAFF PHYS. DIRECTOR PHYS. D 2-10-62 22b. DATE SIGNED 22c. PHYSICIAN'S NAME (Type) T-M. JOHNSON M.D. 22d. ADDRESS NAME (Type) T-M. JOHNSON M.D.						
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Burial 2/12/1962 24. FUNERAL DIRECTOR'S SIGNATURE Archart Funeral Home	Mt. Olivet B	Partist Cemetery E		North Carolina STRAR'S SIGNATURE		

HTARO RO ATA MENERAL TEPTO GES 10

VR A1S (4) 1SM 7/61

MARYLAND	STATE	DEPARTMENT	OF	HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
01796

1. PLACE OF DEATH						
				ICE (Where decease		nstitution: Residence before adm
	rles	MARYLAND	o. STATE Marv	land	b. COUN	Charles
b. CITY OR TOWN (if outside		c. LENGTH OF STAY IN 16			limits, write	RURAL end give nearest town)
write RURAL end give r		70	X D	01 1 - 44-	77 33	
	otte Hall	n hospitel, give street eddress)	Rural d. STREET ADDRESS	Charlotte	Hall	e. IS RESID
d. NAME OF HOSTINE OF	CHASIMONON (II NOI I	n nospilet, give siteel eggless)	d. STREET ADDRESS			ON A F
NAME OF DECEASED	First	Middle	Last	4. DATE	Month	Dey Yeer
(Type or print)	James		Fross	OF DEATH	Febru	
5. SEX 6. C	OLOR OR RACE 7. MA	ARRIED NEVER MARRIED 8.	DATE OF BIRTH		E (In years birthday)	Months Days Hours
Male Co	olored WID	OWED DIVORCED 1	March. 3, 1886		уга.	Months Days Hours
Da. USUAL OCCUPATION (C	sive kind of work	Ob. KIND OF BUSINESS OR INDUSTR			n country)	12. CITIZEN OF WHAT COU
done during most of working t	ife, even if retired)	Farm	M	aryland		U.S.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN			
Tama	s Samuel Gr		Maria	? ?		
			NFORMANT		Address	
Yes, no, or unkown) (Ifyesgi						
	one	210-40-5500 Mag	ggie Gross	OUST. TO C.	e nai.	I MALYIANU
PART I. DEATH WAS		per line for (a), (b), and (c).	1	./.		ONSET AND DEA
	PIATE CAUSE (a)	anjostia la	2r/ 72	Jure		7413
1 4 3 11	DUE TO	1				
Conditions, if eny, whi		O .				
geve rise to immediate cer	use					
(a), steting the underlyi	(a), steting the underlying DUE TO					
cause last.) (c)					
PART II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CON	DITION GIV	EN IN PART 1(e) 19. WAS AUTO
						YES NO
3						
206. ACCIDENT WAS UN OR CONTRIBUTING [] CA	USE OF DEATH	DESCRIBE HOW INJURY OCCURED.	. (Enter neture of injury in	Part I or Pert II of it	om 18.)	
	CAL EXAMINER)					(County) (Sta
	Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, far ory, street, office bldg., etc.	m, 20f. (City or to		(County) (Ste
20c. TIME OF INJURY Hour e.m.	Month, Dey, Yeer	20d. INJURY OCCURRED 20e. PLA While Not While factor of work et work	CE OF INJURY (Home, far ory, street, office bldg., et	m, 20f. (City or to	own)	
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I	Month, Dey, Yeer 19 (this hospital)	20d. INJURY OCCURRED 20e. PLA While Not While fact of work et work attended the deceased from	CE OF INJURY (Home, far ory, street, office bldg., et	20f. (City or to	own)	, 19, that (I) (we
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a	Month, Dey, Yeer 19 (this hospital)	20d. INJURY OCCURRED 20e. PLA While Not While factor of work et work	CE OF INJURY (Home, far ory, street, office bldg., et	20f. (City or to	own)	, 19, that (I) (we
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I	Month, Dey, Yeer 19 (this hospital)	20d. INJURY OCCURRED 20e. PLA factor work strended the deceased from	CE OF INJURY (Home, far ory, street, office bldg., etc death occured at	20f. (City or to	causes	, 19, that (I) (we and on the date stated a
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a. 22e. SUNATURE	Month, Dey, Yeer 19 (this hospital)	20d. INJURY OCCURRED 20e. PLA While Not While fact of work et work attended the deceased from	ce of Injury (Home, far ory, street, office bldg., et death occured at	20f. (City or to	own)	, 19, that (I) (we and on the date stated a
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a. 22e. SIGNATURE 2fc. PHYSICIAN'S NAME (Type)	Month, Dey, Yeer 19 (this hospital)	20d. INJURY OCCURRED 20e. PLA factor work strended the deceased from	CE OF INJURY (Home, far ory, street, office bldg., etc death occured at	20f. (City or to	Causes	, 19, that (I) (we and on the date stated a
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a. 22e. SUCNATURE 22c. PHYSICIAN'S NAME (Type)	Month, Dey, Yeer 19 (I) (this hospital) a live on	20d. INJURY OCCURRED 20e. PLA factor work strended the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS	20f. (City or to	causes	, 19, that (I) (we and on the date stated a 22b. D S
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a 22e. SUBNATURE 22c. PHYSICIAN'S NAME (Type)	Month, Dey, Yeer 19 (I) (this hospital) a live on	20d. INJURY OCCURRED 20o. PLA factor work strended the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS	19, to	causes [AFF 4YS. SVIII N (City, town	, 19, that (I) (we and on the date stated a 22b. D S
20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a 22e. SIGNATURE 2fc. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, REMOVAL Specify)	Month, Dey, Yeer 19 I) (this hospital) a live on Leon Berube 23b. DATE THEREOF 2/17/62	20d. INJURY OCCURRED 20o. PLA While Not While of work attended the deceased from	death occured at ATTENDING PHYS. 22d. ADDRESS	19, to	causes [AFF Sville sville N (City, town,	e, Maryland (Stele
OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDIC 20c. TIME OF INJURY Hour e.m. p.m. 21. I certify that (I saw the deceased a 22e. SIGNATURE 21c. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, PEMOVAL ISpecify) DUTIAL 24 FUNERAL DIRECTOR'S SIGNAL	Month, Dey, Yeer 19 I) (this hospital) a live on Leon Berube 23b. Date Thereof 2/17/62 SNATURE	20d. INJURY OCCURRED 20e. PLA While Not While et work attended the deceased from 19, and that M. D. 23c. NAME OF CEMETERY Constructions St. Mary's	death occured at ATTENDING PHYS. 22d. ADDRESS OR CREMATORY	19, to	causes [AFF 1YS. svill N (City, town, 25b. REC	e, Maryland Maryland Maryland

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Leon Lettite K. D. .

Start 1 2/17/62 St. Nory's

W. Cinthy Hattangley Leonard town, Maryland ...

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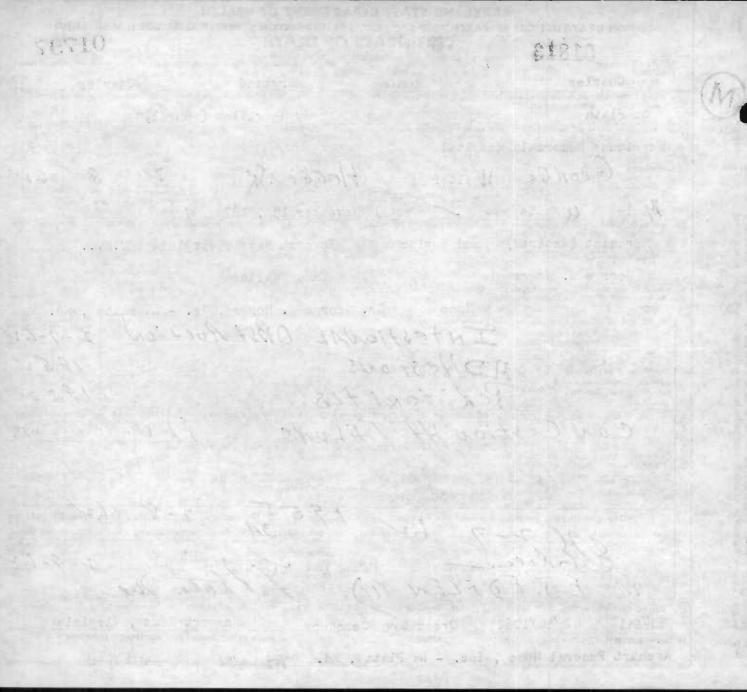
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

01'79'7

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission)			
e. COUNTY Charles MARYLAND	e. STATE Maryland Charles			
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)			
write RURAL end give neerest town)				
La Plata	X Hughesville (Rural)			
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?			
Physicans Memorial Hospital	YES NO			
3. NAME OF DECEASED (Type or print) CORGC Walter	HOGGE SP DEATH Nonth Dey Yeer 8 1962			
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.			
Male White WIDOWED DIVORCED	November 15, 1874 87 yrs. Months Deys Hours Min.			
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant (Retired) Food Business	11. BIRTHPLACE (County & State, or foreign country) Newport News , Virginia U.S.A.			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
George W. Hogge	Emma Jalter			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address			
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) None Dr.	George W. Hogge , Jr La Plata , Nd.			
18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	/ INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) IN testion	NAL OBST RUCTION STAND DEATH			
570 5 DUE TO 2 2 11				
Conditions, if eny, which) (b) A D/CS(ON	1952			
geve rise to immediate ceuse				
(e), steting the underlying couse last.	718 1952			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
F CON C-CS TION HT FIN	Thurse It I YES NO NO			
E 200. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE MOW INJURY OCCURED OF CONTRIBUTING ☐ CAUSE OF DEATH OF CHIEF OF THE STATE	D. (Enter neture of injury in Pert I or Pert II of item 18.)			
	ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)			
	tory, street, office bldg., etc.)			
21. I certify that (I) (this hospital) attended the deceased from.	19 5 = 19 to 2 - 8 19 2 That (I) (we) last			
	death occured at 3.4M, from the causes and on the date stated above.			
22e. SIGNATURE	22b. DATE			
M// D. o	A.D. PHYS. DIRECTORY PHYS. 1			
22c. PHYSICIAN'S F T F D E G E A NO	22d. ADDRESS			
1 1/ 60. 20 1/2 1/1	1 100 100 100 100 100 100 100 100 100 1			
23e. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2/10/1962 Green Lawn C	Marinant Harry Winning			
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE			
Arehart Funeral Home , Inc La Plata	MA DATE 4 100			
The late runeral nome, the ba Plata	, Md. DATE 1 4 162 auchur & Kraus			



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01011

OA MOO

01014 CEKINIC	AL OI DEATH	01/98				
PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	dence before admission)				
CHARLES MARYLAND	MARYLAND	HARLES				
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)				
LA PIATA	Hughesville	e. IS RESIDENCE				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HYSICIANS MEMORIAL	d. STREET ADDRESS	ON A FARM?				
NAME OF First Middle	Last 4. DATE Month	Day Yeor				
(Type or print) JOSEPH BASSIE	JACKSON OF DEATH FEB.	21, 1962				
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lift UN lost birthdoy) Mont	DER 1 YEAR IF UNDER 24 HR				
MALE WHITE WIDOWED DIVORCED	FEB. 15, 1893 69 yrs.					
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INC during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.	CITIZEN OF WHAT COUNTRY				
FARMER PARMING	MARYLAND	V.S.A.				
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
JOSEPH HUBREY JACKSON	MARY CATHERINE LA	NGLEY				
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 Yes, no, gr unknown) Illf yes, give war ar doles of service)	. INFORMANT Address	,1				
217-36-8473 V	AMES H. JACKSON, HUGHESVI	Ile, MD.				
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HYPERTENSIVE	TONIA - VASCILLADA DISPASE	ONSET AND DEATH				
DUE TO	THE OIL THE OUT OF SERVICE	177				
Condition if any object of Care	VAC FALLURE	in days				
gove rise to immediate	VITE THILDRE	10000				
Luise source last	HELLITUS	84CARS				
		PART 1(0) 19. WAS AUTOPS				
PERFORMED? YES \ NO \(\text{NO } \text{TO } \text{VIES } \ \text{NO } \text{TO } \text{VIES } \ \text{NO } \text{TO } \						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO DEFENDED NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (Stot				
Hour o. m. While Not while	foctory, street, office bldg., etc.)	(6.6.				
p. m. 19 of work of work						
21. I certify that (I) (this hospital) attended the deceased fram	n JEPTEMBER. 1951 . to EBBUARY 1	9.62, that (1) (we) to				
saw the deceased alive an FCERUARY 21 1962, and that	death accurred at M, fram the causes and an	the date stated abov				
220. SYGNATURE	ATTENDING & MED STAFF	22b. DATE				
John N. Tredfin	M.D. ATTENDING MED. STAFF PHYS. D	2/23/				
226. PHYSICIAN'S NAME (Type)	22d. ADDRESS					
JOHN H. GRIFFIN	HUGHESVILLE, MAR	YLAND				
	OR CREMATORY 23d. LOCATION (City, town, or cour	ity) (Stote)				
BOXIAL 2-24-62 ST M.	ARUS BRYANTOWN.	MD.				
24. FUNERAL DIRECTOR'S SIGNATURE , / ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE				
The HUNTT FUNERAL HOME, WALDOR	F. MD. DATE FEB 27'62 C-	" as I valle				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospitol or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and campletely filled in by the forerol director, page 3 shauld be welcached far use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be universely prior to buriol, cremation, or remavol, and in any event within 72 haurs after death.

VR A1S (4) 1SM 9/59

The Kill of the Control of the Contr

FOR STATE HEALTH DEP TO DEPUTY MENCAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute it. In the second of the chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01799

E	01815 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01799
1.	1. PLACE OF DEATH o. COUNTY D. STATE D. COUNTY b. COUNTY	Residence before edmission)
1	MARYLAND A	CALLO
X	CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town). C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL Write RURAL and give neerest town). The composition of th	and give neerest town)
)	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS	ON A PARM? YES NO
	3. NAME OF DECEASED AMELA MARIC TOHN SON 4. DATE Month OF DEATH	Day Yeer 2 3 1962
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers lest birthdey) WIDOWED DIVORCED 7. DIVORCED 7. MARRIED Month	ER 1 YEAR IF UNDER 24 HRS.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign-country) 12.	CITIZEN OF WHAT COUNTRY?
7	13. FATHER'S NAME Nes Hich Total NSOA) 14. MOTHER'S MAIDEN NAME He MS	Lev
T	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yos, eag of unkown) (Ifyes give wer or dates of sarvice)	1
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH
	Conditions, if eny, which (b)	v.20-6
	gave rise to immediate cause (e), stating the underlying causa last. (c)	2-23.62
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.	ART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (Mile Not While at work at work at work	County) (Steta)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	and in my opinion
×	death resulted from: Natival causes , Accident , Suicide , Homicide , Undetermined manner	
	CHIEF MEDICAL EXAMINER	
	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
2	EXAMINER'S NAME (Type) DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1. 23-62
	226. BURIAL, CREMATION, 226. DATE THEREOF 722c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (CITY, town, or could be supplied by the country of the country	TM (State)
2	23. FUNERAL DIRECTOR ADDRESS ACULT 248. REC'D BY REGISTRAR 246. REGISTRAR	S SIGNATURE &. Thomas
100	4000256086	V-908-0-1

HEARTH IS STADRITSED THE WHITE OF SANTEM REPORTED 1 1 1 1 1 1

by the funeral ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4) 15M 9/60 M

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

O1815

CERTIFICATE OF DEATH

O3119

1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where dacaasad lived, If institution: Rasidence before admission)
1	Charles MARYLAND	Maryland b. County Charles
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and giva nearast town) La Plata	X Tomokinsville (Rural)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS a. IS RESIDENCE
1	County Drug Store-Charles Street	ON A FARM? YES NO IX
	NAME OF First Middle	Aast A. DATE Month Day Year
	(Type or print)	CKINNIL DEATH February 28 19 52
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	June 27, 1391 To yrs. Hours Min.
10	. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTR	0 00.00 0 1 1 0 1 1
do	ona during most of working life, even if ratired)	
13.	Electrician - Retired Public Utility	Ohio U.S.A.
	Frank Mc Kinnie	
15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Annie Orff NFORMANT Address
	as, no, or unkown) (Ifyasgiva warordatasofsarvice)	
=	18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).]	S. Eva B. Mc Kinnie- Pompkinsville Md.
	PART I, DEATH WAS CAUSED BY:	S. Eva B. Mc Kinnie- Pompkinsville Md. Occlesia. Sisti Aug Death
7 93	IMMEDIATE CAUSE (a)	0 000
	DUE TO	
	Conditions, if any, which (b) (b)	
	(a), stating the underlying DUE TO	
	causa last. (c)	
O N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
3		YES NO A
CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH	. (Enter natura of injury in Part I or Part II of itam 1B.)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, straet, offica bldg., atc.)
A.	p.m. 19 at work at work	
	21. I certify may (if this nospiral) altended the deceased from,	
	saw the deceased sine on Jan	death occured at 12Nm2 from the causes and on the date stated above,
0	22a. SIGNATURE	ATTENDING MED. STAFF 7/3/3000 SIGNED
	A Care M.	
	122c. PHYSICIAN'S FT F) E1 E1	22d. ADDRESS
_	1 Hr. D. HOLLEN	Li Plata, Caryland
23	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (REMOVAL (Spacify)	
_		tl. Cemetery Arlington , Virginia
24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
_	Archart Funeral Home , Inc La Plata	Md. DATE MAR 9 '62 Cirthun S. Kraus

7 9 9 0 stallered 5 Notionit Conserved Conserved to the second ILJEDELEN Archetefoneral Sons, Lot. - L. Pieta, M. To MAR & W.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	8	1	7	CERTIFICATE OF DEATH

Reg. Dist. NoO1800

					77						~~~
1.	o. COUNTY			MARYLAND	2. USUAL RESID a STATE Indian H	ENCE (Wh	nere deceased li	ved. If institution by COUNTY	oni Residen	ce befare adi	mission)
\vdash	Charles				-			311001 1100			
	b. CITY OR TOWN (I RURAL and give no	f autside carporate limits, sarest tawn)	write c. LENGTH C	OF STAY IN 16	c. CITY OR TO	OWN (If o	outside carporate	e limits, write R	URAL and g	give nearest t	awn)
	Indian Hea		35-Yr	S	(Indian	Head	Md.				
	d. NAME OF HOSPIT OR INSTITUTION	At (If not in haspital, give	street address)		d. STREET AC		Ave In	ndian He	ead M	3 01	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print) Ms	First rshall Fred	rick Rison	Middle	Lost		4. DATE OF DEATH	2.2.46		Doy 2-2-62	Year 19
5.	SEX		MARRIED NEVEL		8. DATE OF BIRTH		9.	AGE (In years			NDER 24 HRS.
	Male		-	DIVORCED [7-10-189			lost birthday)	Months	Days Hou	
10	. USUAL OCCUPATION	N (Give kind of work dan	e 10b. KIND OF BUS	INESS OR INDU	STRY 11. BIRTHPLA	ACE (State	ar fareign caun	try)	12. CIT	IZEN OF WH	AT COUNTRY
	Retired Go	ing life, even if retired)	Enginern	-Padl P	oad Virgi	nie-I	TCA		US	Di Contra di Con	
13	FATHER'S NAME) V U	mighidel	-Iterar In	14. MOTHER'S				052		
							AME				
-	Richard Ri				Unknow	n			100		
		R IN U. S. ARMED FORCES			NFORMANT			Addr			
	No		215-36-53	24	Charles F	, Riso	n-Son	2-Jacks	on Rd	India	n Head
-	Conditions, if or gave rise to ficate (a), stating lying cause last.	the <u>under-</u> DUE TO (c)	Coronary Arterio Sc Age	lerosis	-General					Inde	finite
CERTIFICATION		ER SIGNIFICANT CONDIT							EN IN PAR	PE	AS AUTOPSY RFORMED?
MEDICAL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m.	CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year	b. DESCRIBE HOW IN 20d. INJURY OCCUR While Not while	RRED 20e. PL	ACE OF INJURY (H	lame, farm,	, 20f. (City or		(C	County)	(State)
W.E	p. m.	19	at work at work								27.00
	actual signature	at I attended the de 1962 Limes E. Andrew	hore	-1-1958 of that death	occurred ot_	12;30	ADDRESS (Stree	he causes a t, city or tawn, adian He	ind an th	ne dote st	ne deceosed oted above DATE SIGNED -2-62
22		N, 22b. DATE THEREOF 2-5-6	2 TRIN	OF CEMETERY O	R CREMATORY REMORIA	46	22d. LOCATIO	N (City, tawn, c	or county)	(S	itate)
23. 7.	FUNERAL DIRECTOR	The state of the s	Home, WA		MA		BY REGISTRAL		TRAR'S SIC		

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be accorded far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shared be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A1S (4) 15M 9/5S

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and the manager of	Charles () and the contract of the contract o	
	West of the Control o	
	the second second second second	

FOR STATE HEALTH DEPT.

.s

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay iplease execute the shiftente, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be foo. "sarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boa or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1818MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01801

ı.	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
	maryland	a. STATE Maryland b. COUNTY Charles
1	b. CITY OR TOWN If outside corporate limit, c. LENGTH OF STAY IN 1b with RURAL and give neerest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
)	Wille RURAL find give neerest town West	X Grayton (Rural)
	d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS
		ON A FARM?
	3. NAME OF A First Middle	Last 4. DRTE Month Dey Yeer
	(Type or print) HeNRV Loe	C OF 2
		V 2 198
		d last-bighday) Mantal Day 11 and 1 att
	WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	8-29-08 5 3 yrs. Months Days Hours Min.
	done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Machinest - Retired U.S. Naval P.P.	
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	George Scott	Nettie Franklin
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewarordatesofservice)	INFORMANT Address
		s. Lucie E. Scott-Wife- Grayton , Maryland
	18. CAUSE OF DEATH [Enter only one ceuse (er line for (a), (b), end (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Levellet	Curound ONSET AND DEATH
	O 7 2 V DUE TO 1	3/ 1
	Conditions, if any, which (b) decoptitution	w/4 tred 2-2362
	geve rise to immediate cause	7
	(e), stating the underlying cause last.	
1		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY
)	DITA TATI	PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTIONS 20b. DESCRIBE HOW INJURY OCCURED. (CAUSE OF DEATH.	Enter nature of injury in Pert I or Part II of item 18.)
	PRIMARY Or CONTRIBUTING SHALL CALL	6 17 Buch Shit Co.
	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, fary, 20t) (City or town) (County) (State)
	While Not While	lory, street, office bldg., st.] Q +
		ARIA CHARLES CHARLES
	21. I certify that I took charge of the remains described above, he	
	death resulted from:	ide Homicide , Undetermined manner
	ACTUAL CALA	CHIEF MEDICAL EXAMINER
	SIGNATURE / / Coller	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
)	EXAMINER'S / / F T SELE	DEPUTY MEDICAL EXAMINER
-	NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	Address Bleet, dy, 19wn, at 60th 12nd U - U J - 62 R CREMATORY 22d. LOCATION (City, town, or country) (State)
	REMOVAL (Specify)	
		tist Cemetery Nanjemoy, Maryland
1	23. FUNERAL DIRECTOR ADDRESS Archart Funeral Home , Inc. * La Plata	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md. DATE AR 162 Chilm S. Thomas

OFFICER OF THE OFFICER OF TWATE CHARLES

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY b. COUNTY a. STATE Charles MARYLAND Maryland CHARLES c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) La Plata
d. STREET ADDRESS T.A PT.ATA
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO State PHYSICIANS MEMORTAL HOSPITAL 4. DATE Month Year Last DECEASED OF 0 DEATH (Typa or print) 6. COLOR OF PACHAET 1962 7. MARRIED NEVER MARRIED 18. DATE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. WITH last birthday) Days Months Male WIDOWED [106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dona during post of working life, even if retired) pages 13 FATHER'S 16. SOCIAL SEQURITY NO. (Yes, no, or unkown) | (Ifyasgivewarordatesofservice) permit. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH along PART I. DEATH WAS CAUSED BY: Aspiration of stomach contents IMMEDIATE CAUSE (a) Office a DUE TO Staphylococcus enteritis Conditions, if any, which (b) gave rise to immediate cause v 10 "pending" DUE TO (e), stating the underlying 95 Examiner cremation, or PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? writing the word 'ne Chief Medical Ex Page 3 should be to burial, crematic NO P 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Year factory, streat, office bldg., etc.) Not While While Hour a.m. to the at work at work prior DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Inspection Inquiry Undetermined manner Homicide forwarded death resulted from: Natural causes Accident Suicide CHIEF MEDICAL EXAMINER should be forward FUNERAL DIF DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S . FISHER, M.D. NAME (Type) Address (Straet, city, town, or county) 22d. LOGATION (City, town, or country) (State) QURIAL, CREMATION, 226 REMOVAL TSpecify) 240 g VS. A15ME 5M 9/60

Item 18&21 Film

TO DEPUTY PEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exect. The certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral socior. Page 4 should be rok-warded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained to bur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event-within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01820 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01803

	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived it institution: Residence before edmission) COUNTY
	MARYLAND 8. STATE IN 1) b. COLINY, CED CO.
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
	LATRATA D. CAMP SPRINGS 1614.2
	AME OF HOSPITAL OR INSTITUTION (if bot in hospital, give street address) ON A FARM?
2	1745CIANS 1161, 405f. 166/9/10057AD NI) YES NO D
3	NAME OF First Middle Less 4. DATE Month Dey Year
	(Type or print) 1 1 CN70N / [ChV] N WEBD DEATH 4 19 62
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED 11-23-02 38 yrs.
1	a. USUAL OCCUPATION (Give kind of work one during most of working kie, aven ill retired) 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	CN PORCHAN Theethorics MD.
13	FATHER'S MAME D+ 1/2 DB 14. MOTHER'S MAIDEN NAME
1	ALNOICI WEDD. VINGINIA LILLARD
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT, os, ng. gr unkown) ((fryesgivewerordeles of service)
-	1/0 K16-01-8098 NYXVIA WEND -1117 SP.
	18. CAUSE OF DEATH [Enter only one cause per line (fr (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET, AND DEATH ONSET, AND DEATH
	IMMEDIATE CAUSE (a) CONTINUE C
1	DUE TO
	Conditions, if eny, which (b)
	(a), stating the underlying DUE TO
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
OF.	PERFORMED?
FIC	YES NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part or Part of item 18.)
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.
CAL	
MEDIC	Hour e.m. While Not While fectory, street, office bldg., etc.)
×	p.m. 19 et work at work
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my opinion
	death resulted from: Matural causes Accident Suicide Homicide Undetermined manner
	ACTUAL ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
	NAME (Type) / E.J. E.D. E.L. E.M. Address (Street, city, town, or county)
22	B. BURIAL, CREMATION (226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Stote)
1	Burney Jul-7-63 Ceclan Hell Se The of Smanshed
	FUNERAL DIRECTOR ADDRESS, 248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
2	
2	anno one 1661-al fore Rd & DATE FEB 6 '62 anima S. Thomas